|                                                                    |                                                                                                                                                                 |                 |                                                 |                     |                              |                         |                         |                                                               |                    |                        | Sheet 1 of 1   |  |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------|---------------------|------------------------------|-------------------------|-------------------------|---------------------------------------------------------------|--------------------|------------------------|----------------|--|
| Form PTO-1449 US Dept.<br>PATENT & TRADEM                          |                                                                                                                                                                 |                 |                                                 |                     | . of Commerce<br>MARK OFFICE |                         | ATTY DOCKET NO. D/A3375 |                                                               |                    | APPLICATION NO.<br>tba |                |  |
| INFORMATION DISCLOSURE STATEMENT (Use several sheets if necessary) |                                                                                                                                                                 |                 |                                                 |                     |                              | APPLICANT Miller, et al |                         |                                                               |                    |                        |                |  |
|                                                                    |                                                                                                                                                                 | •               |                                                 |                     | F                            |                         | IG D                    | ATE herewith                                                  | GROUP ART UNIT tha |                        |                |  |
| <u> </u>                                                           |                                                                                                                                                                 |                 |                                                 |                     | U.S. PAT                     | ENT D                   | OCU                     | MENTS                                                         |                    |                        |                |  |
| EXAMINER<br>INITIAL                                                |                                                                                                                                                                 | DOCUMENT NUMBER |                                                 |                     | PUBLICATI<br>DATE            |                         |                         | NAME OF PATENTEE                                              |                    | CLASS                  | SUB<br>CLASS   |  |
|                                                                    |                                                                                                                                                                 |                 |                                                 |                     |                              |                         |                         |                                                               |                    |                        |                |  |
|                                                                    |                                                                                                                                                                 | · <del>-</del>  | •                                               |                     |                              |                         |                         |                                                               |                    |                        |                |  |
|                                                                    |                                                                                                                                                                 |                 |                                                 |                     |                              |                         |                         |                                                               |                    | ·                      |                |  |
|                                                                    |                                                                                                                                                                 |                 |                                                 |                     |                              |                         |                         |                                                               | $\dashv$           |                        |                |  |
|                                                                    |                                                                                                                                                                 |                 |                                                 |                     |                              |                         |                         |                                                               | $\neg \uparrow$    |                        |                |  |
|                                                                    |                                                                                                                                                                 | <u> </u>        |                                                 | -                   |                              | _                       |                         |                                                               |                    |                        |                |  |
|                                                                    |                                                                                                                                                                 |                 |                                                 |                     |                              |                         |                         | <del>-</del>                                                  | -                  |                        |                |  |
|                                                                    |                                                                                                                                                                 |                 |                                                 | -                   |                              |                         |                         |                                                               | $\dashv$           |                        |                |  |
|                                                                    |                                                                                                                                                                 |                 |                                                 |                     |                              |                         |                         |                                                               | -                  |                        |                |  |
|                                                                    |                                                                                                                                                                 |                 |                                                 | +                   | •                            |                         |                         |                                                               | $\dashv$           |                        | ,              |  |
|                                                                    |                                                                                                                                                                 |                 |                                                 |                     | DEICN D                      | ATENIT                  | - 00/                   | CUMENTS                                                       |                    |                        |                |  |
| <u> </u>                                                           |                                                                                                                                                                 |                 |                                                 |                     | PUBL                         |                         |                         | COMENTS                                                       | Т                  |                        | RANSLATION     |  |
|                                                                    | cou                                                                                                                                                             |                 | DOCUMENT NUME                                   | DOCUMENT NUMBER     |                              | DATE                    |                         | NAME OF PATENTEE OR APPLICANT                                 |                    |                        | Y/N .          |  |
|                                                                    |                                                                                                                                                                 |                 |                                                 |                     |                              |                         |                         |                                                               |                    |                        |                |  |
|                                                                    |                                                                                                                                                                 |                 |                                                 |                     |                              |                         |                         |                                                               |                    |                        |                |  |
|                                                                    |                                                                                                                                                                 |                 |                                                 |                     |                              |                         |                         |                                                               |                    |                        |                |  |
|                                                                    |                                                                                                                                                                 |                 | ×                                               | -                   |                              |                         |                         |                                                               |                    |                        |                |  |
|                                                                    |                                                                                                                                                                 |                 |                                                 |                     |                              |                         |                         |                                                               |                    |                        |                |  |
|                                                                    |                                                                                                                                                                 |                 |                                                 |                     |                              |                         |                         | Publication Date, Pages, etc.)                                |                    |                        |                |  |
|                                                                    | FIORE, ET AL – Photoreceptor Module with Retracting Backer Bars, filed 9/4/03, USSN 10/654,783                                                                  |                 |                                                 |                     |                              |                         |                         |                                                               |                    |                        |                |  |
|                                                                    |                                                                                                                                                                 |                 |                                                 |                     |                              |                         |                         |                                                               |                    |                        |                |  |
|                                                                    |                                                                                                                                                                 | <del></del>     |                                                 |                     |                              |                         |                         |                                                               |                    |                        |                |  |
|                                                                    | EXAMINER  DATE CONSIDERED  Examiner: Initial if citation considered, whether or not citation is in conformance with M.P.E.P. 609. Draw line through citation if |                 |                                                 |                     |                              |                         |                         |                                                               |                    |                        |                |  |
| Examin                                                             | er: II<br>n                                                                                                                                                     | ot in con       | ation considered, whet<br>formance and not cons | ner or n<br>idered. | Include                      | copy c                  | cont<br>of thi          | ormance with M.P.E.P. 609. L<br>s form with next communicatio | n to ap            | ne inroug<br>oplicant. | in citation if |  |